G.   DOCUMENTATION OF HEALTH CHECK COORDINATOR ACTIVITIES

Documentation of Client Contacts

1.   HCCs are required to document all successful and attempted contacts with or on behalf of clients. Each time a contact is made with a parent, caretaker, guardian, provider, client, etc., an entry containing the date, person contacted, reason for the contact and result of the contact must be completed. Documentation must be maintained under secure conditions (locked file cabinet or office) by the Project for a minimum of five years for State Program purposes. Projects must make this information available by request, to State Health Check staff and for federal auditing purposes.

2.   Projects are required to have a written policy describing their documentation method. For Projects that use the coordinator comment section of the EDS Data Shell or other data management software to document client encounters, the local policy must include a procedure to describe how this documentation will be 'backed up' or saved. It is recommended that HCCs back up their documentation comments at least once a day. In establishing a realistic procedure, consider the number of comments that could be recalled and re-entered correctly if they were lost due to a power outage. *EXAMPLE: HCCs in Xanadu County will back up coordinator comments using the EDS Data Shell command 'Back up All Comments' every night or every 10 comments whichever comes first.*

Projects that do **not** use the EDS Data Shell to document client contacts, or where the Data Shell is connected to the agency's Local Area Network (LAN) which has it's own back up system (i.e., tape back up every night), must reflect the procedures used in their specific system to assure security, back-up of information and availability of client contact documentation.

MAAR

1.   The MAAR (Appendix 11) must be submitted to the appropriate DMA staff by the 10th of each month for activities performed during the previous month. The Health Check Supervisor and HCCs must review and sign the MAAR prior to submission

2.   For consistency among Projects, meaningful statewide planning and guidance, and reliability in Program evaluation data, we request that all Projects operate under the same guidelines for accountability. The accountability for the provision of Health Check services is accomplished in two ways:

a. The documentation of attempted and successful client contacts.

b. The Health Check Outreach Project MAAR which documents:

    1. How HCCs spend their time.

    2. The amount of time spent on each activity.

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